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Under the Pape:work Rec		Attorney Docket Number EMCORE 3.0-069						
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			First Named Inventor Alexander Gurary					
			COMPLETE IF KNOWN					
(37 CFR 1.63)		Application Numbe	n Number Not Assigned Yet					
X Declaration	Declaration	Filing Date						
Submitted with Initial	OR	OR Submitted after Initial Submitted Submitted after Initial	Group Art Unit	N/A	N/A			
Filing		(37 CFR 1.16 (e)) required)	Examiner Name	Not Y	Not Yet Assigned			
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: REACTOR HAVING A MOVABLE SHUTTER Title of the Invention the specification of which X is attached hereto OR								
was filed on	(MM/DD-		as United States	-				
Application No and was amended on (MM DD:YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
inventor's or plant bre country other than the application for patent,	eder's ri e United , inventor	benefits under 35 U.S.C. 119(a ghts certificate(s). or 365 (a) o States of America, listed below r's or plant breeder's rights cer on which priority is claimed.	f any PCT internationa v and have also identif	il application ied below.	on which designa by checking the	ted at least one box, any foreign		
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claim	/	d Copy Attached?		
	1		1					
			!	==	= 1	; ·		
= = = = =			: 					
Additional for	eign app	lication numbers are listed on	a supplemental priority	y data shee	et PTO/SB/02B a	ttached hereto:		

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DECLARATION — Utility or Design Patent Application						
POWER OF ATTORNEY As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530						
Direct all correspondence to	omer Number r Code Label	0	00530		OR Correspondence address below	
Name						
Address						
City			State		ZIP	
Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements						t
may jeopardize the validity of the applica		!		A petition I	has been filed for this unsigned inventor	
Given Name (first and middle [if any])	Alexander		Family Name Gurary or Surname		Gurary	
Inventor's Signature					Date	
Bridgewater Residence: City	NJ State	Country		-	US Citizenship	
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Bridgewater city	NJ State	ZIP	08807		Country	
NAME OF SECOND INVENTOR:				A petition	has been filed for this unsigned inventor	_
Given Name (first and middle [if any])	Scott			nily Name Jurname	Elman	
Inventor's Signature					Date	
Monroe Township Residence: City	NJ State	Country			US Citizenship	_
Mailing 20 Leeds Lane						
Monroe Township City	NJ State	ZIP	08831		Country	
X Additional intentors are being named	on the 1	supplemen	ntal Additio	onal invento	or(s) sheet(s) PTO SB 02A attached hereto	

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DECLARATION ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1			Supplemental Sheet			
Name of A	dditional Joint Inve	ntor, if any:		A petition	has been filed for this unsigned inventor	
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Inventor's					Date	
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Mailing Address:	24 Cedar Cre	ek Drive				
Ba: City	sking Ridge	NJ State	ZIP	07920	Country	
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inventor's Signature					Date	
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Given Name (first and m	e iddle [if any])			Family Name or Surname		
Inventor's Signature					Date	
Residence:	City	State	Country	<u> </u>	Citizenship	
Mailing Address:						
City		State	ZIP		Country	
Name of A	dditional Joint Inve	ntor, if any:		A petition	has been filed for this unsigned inventor	
Given Name Family Name (first and middle [if any]) or Surname						
Inventor's Signature					Date	
Residence:	City	State	Country	<u>Y</u>	Citizenship	
Mailing Address:	· ·					
City		State	ZIP	Country		